

Rev. 12/2018

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

FILED IN THE
U.S. DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

JAN 31 2023

SEAN F. McAVOY, CLERK
DEPUTY
SPOKANE, WASHINGTON

RAI A. GOULSBY:318439
Plaintiff's full name and prisoner number

Plaintiff,

v.

Case No. 2:23-cv-00023-SAB
(leave blank – for court staff only)

NAPHCARE
C/O MADSEN
John Doe
Defendant's/defendants' full name(s)

PRISONER CIVIL RIGHTS
COMPLAINT

Defendant(s).

Jury Demand?

☒ Yes
☐ No

(If you cannot fit all of the defendants' names in the space provided, please write "see attached" in the space above and attach additional sheets of paper, as necessary, with the full list of names. The names listed here must be identical to those in Section II. Do not include addresses here. **Individuals whose names are not included in this section will not be considered defendants in this action.**)

WARNINGS

1. Do not use this form if you are challenging the validity of your criminal conviction or your criminal sentence. If you are challenging your conviction or sentence, or if you are seeking restoration of good-time credits that would shorten your sentence, you must file a Petition for Writ of Habeas Corpus. If you use this form to challenge your conviction or sentence, you risk having your claim dismissed. Separate forms are available for filing a habeas petition.
2. Under the Prison Litigation Reform Act ("PLRA"), you are required to exhaust all remedies in your institution's grievance system that are available to you before filing suit. This generally means that you must file a grievance and, if it is denied, appeal it through all available levels of review. Your case may be dismissed if you fail to exhaust administrative remedies, unless the administrative grievance process was not "available" to you within the meaning of the PLRA. You are not required to plead or show that you have exhausted your claim in this complaint.

3. Please review your complaint carefully before filing. If your case is dismissed, it may affect your ability to file future civil actions while incarcerated without prepaying the full filing fee. Under the PLRA, a prisoner who has had three or more civil actions or appeals dismissed as frivolous, malicious, or for failure to state a claim cannot file a new action without first paying the full filing fee, unless the prisoner is in imminent danger of serious bodily injury.

4. Under Federal Rule of Civil Procedure 5.2, papers filed with the court, including exhibits or attachments to a complaint, may not contain certain information, which must be modified as follows:

Do not include:

- a full social security number
- a full birth date
- the full name of a minor
- a complete financial account number

Instead, use:

- the last four digits
- the birth year
- the minor's initials
- the last four digits

5. At this stage of the proceeding, you need not submit exhibits, affidavits, grievances, witness statements, or any other materials with this complaint to the Clerk's Office. Any documents you submit *must relate directly to the claims you raise in this lawsuit*. They will become part of the court record and *will not be returned to you*.

I. PLAINTIFF INFORMATION

GOHLSBY, RAI A
Name (Last, First, MI)

Aliases/Former Names

318439
Prisoner ID #

Spokane Co. Jail
Place of Detention

1100 W Mallon Ave
Institutional Address

Spokane, Spokane, Wa
County, City State

99204
Zip Code

Indicate your status:

- ☒ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee

- ☐ Convicted and sentenced state prisoner
☐ Convicted and sentenced federal prisoner

II. DEFENDANT INFORMATION

Please list the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint. Make sure that the defendant(s) listed below are identical to those contained in the caption on the first page of the complaint. Attach additional sheets of paper as necessary.

Defendant 1:

Madsen

Name (Last, First)

Corrections Officer

Current Job Title

Spokane Co. Jail: 1100 W Mallon Ave

Current Work Address

Spokane, Spokane, WA

County, City

State

99204

Zip Code

Defendant 2:

Naphcare

Name (Last, First)

Spokane Co. Jail Medical Provider

Current Job Title

1100 W Mallon Ave

Current Work Address

Spokane, Spokane, WA

County, City

State

99204

Zip Code

Defendant 3:

Doe, John

Name (Last, First)

Corrections Officer

Current Job Title

Spokane Co. Jail: 1100 W Mallon Ave

Current Work Address

Spokane, Spokane, WA

County, City

State

99204

Zip Code

III. STATEMENT OF CLAIM(S)

In this section, you must explain what you believe each defendant did to violate your civil rights, and if you know, identify the federal statutory or constitutional right you believe was violated.

If you believe the defendant(s) violated your civil rights in more than one way, explain each violation under a different count. For example, if you believe you received constitutionally inadequate medical care and your religious rights were substantially burdened, include one claim under "Count I" (i.e., medical) and the other claim under "Count II" (i.e., religion).

Number your paragraphs. For example, in Count I, paragraphs should be numbered 1.1, 1.2, 1.3, etc., and in Count II, paragraphs should be numbered 2.1, 2.2, 2.3, etc. The first two paragraphs of each Count have been numbered for you.

If you have more than three counts, attach additional pages and follow the same format for each count.

If you attach documents to support the facts of your claim(s), you must specify which portion of the document(s) (i.e., page and paragraph) you are relying on to support the specific fact(s) of your claim(s). If you do not specify the portion of the supporting document(s), the Court may disregard your document(s).

COUNT I

Identify the first right you believe was violated and by whom:

1.1 8th Amendment Violation: Medical Negligence
Medical Deliberate Indifference: NAPHCARE Inc.

State the facts of your first claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.

1.2 After unjustifiably being assaulted by the
defendants John Doe and CTO Madsen I suffered
injuries to my shoulder and to my left hand
and wrist. 1.3 I've submitted multiple medical

requests for help and to be seen by NAPHCARE medical staff but all of my requests have been denied or ignored. I live day-to-day spending 22 hrs a day (All 48 hrs on the weekends) in a cell with constant shoulder and wrist pain.

State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count I. Continue to number your paragraphs.

1.4 I'm certain that my shoulder is dislocated and that my left hand is badly sprained with ligament damage. Since NAPHCARE has been notified multiple times I believe this Defendant is guilty of Medical Negligence, Medical Deliberate Indifference and causing the Plaintiff pain and suffering.

COUNT II

Identify the second right you believe was violated and by whom:

2.1 8th and 14th Amendments

State the facts of your second claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.

2.2 ON 12-30-22 Officer Madsen and Officer John Doe entered 3-E-5. I was classified and sent to this living unit on 8-4-22. C/O Madsen approached me and asked if I had any contraband or extra laundry. At the same time I was gathering and securing all of my legal materials. C/O Madsen stopped me from leaving and said he needed to make sure that what I was carrying was actually legal work. After being satisfied that it was legal work I left the living area and waited for the officers to finish their search.

2.3 C/O Madsen then suddenly appeared on the upper floor balcony yelling that he had found extra laundry under my bed and that I was a "dumb fuck" who will be getting removed.

from 5-ent." C/O Madsen then went to use the unit phone to call transport officers. C/O Madsen told me to go sit down and before I could get a chair I was attacked from behind by C/O Madsen with him smashing my face into the wall. C/O John Doe assisted in the assault.

State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count II. Continue to number your paragraphs.

My shoulder is badly dislocated in combination with severe injuries to my wrist and I'm sure the meniscus ligament damage has happened to my thumb and other areas of my hand.

COUNT III

Identify the third right you believe was violated and by whom:

3.1

State the facts of your third claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.

3.2

State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count III. Continue to number your paragraphs.

IV. RELIEF

State exactly what you want the Court to do for you. For example, you may be seeking money damages from an individual defendant, you may want the Court to order a defendant to do something or to stop doing something, or you may want both kinds of relief. Make no legal arguments. Cite no cases or statutes.

I'm seeking compensatory and punitive damages to be determined at trial.

V. SIGNATURE

By signing this complaint, you represent to the Court that you believe the facts alleged to be true to the best of your knowledge, that you believe those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

1-30-23
Dated

Kari A. Goulsky
Plaintiff's Signature

INFORMATION TO PRISONERS SEEKING LEAVE TO PROCEED WITH A CIVIL ACTION IN FEDERAL COURT *IN FORMA PAUPERIS* PURSUANT TO 28 U.S.C. § 1915

Under the 1996 amendments to the federal *in forma pauperis* (IFP) statute, as a prisoner you will be required to pay the full federal court filing fee of \$350.00 for a civil action, or \$455.00 for an appeal.

If you have the money to pay the filing fee, you should send a cashier's check or money order in the amount of \$402.00 (\$350.00 filing fee, plus an administrative fee of \$52.00) to the court with your Complaint. If you do not have enough money to pay the full filing and administrative fees at the time you submit your Complaint, you must submit: (1) a signed Declaration and Application to Proceed *In Forma Pauperis*; (2) a signed Acknowledgment and Authorization; and (3) a certified copy of your inmate trust fund account (or institutional equivalent) for the past six months. You must declare under penalty of perjury the information you provide is correct. If you submit an incomplete form to the court or do not submit a certified statement of your account (or institutional equivalent), your case will not be permitted to proceed further.

If the court grants you leave to proceed in forma pauperis, that is, without prepayment of fees, you may be required to pay an initial partial filing fee equal to 20 percent of the average monthly deposits to your prison or jail account for the six months immediately preceding the filing of the lawsuit, or 20 percent of the average monthly balance in your prison or jail account for the same six month period, whichever is greater. By General Order, the court has directed that when the institution having custody of you receives your signed Acknowledgment and Authorization included in your application, it will take the initial partial filing fee (or available funds) out of your prison or jail account immediately and forward that money to the court.

Each month you will owe payment of 20 percent of your preceding month's income credited to your account, until the filing fee is paid in full. The institution having custody of you will collect these payments each time the amount in the account exceeds \$10.00 and forward them to the court pursuant to 28 U.S.C. § 1915(b)(2), as enacted April 26, 1996.

Regardless whether some or all of the filing fee has been paid, the court is required to screen your Complaint and dismiss the Complaint if (1) your allegation of poverty is untrue; (2) the action is frivolous or malicious; (3) your Complaint does not state a claim on which relief can be granted; or (4) you seek monetary damages from a defendant who is immune from such relief. Furthermore, you must exhaust all available administrative remedies before bringing a civil action in federal court.

Finally, if, while you are a prisoner, you file three or more actions or appeals in any federal court in the United States that are dismissed as frivolous or malicious or for failure to state a claim on which relief can be granted, you will be prohibited from bringing any other actions *in forma pauperis* unless you can demonstrate with specific facts that you are in imminent danger of serious physical injury.

***ONLY USE THIS FORM IF YOU ARE BRINGING A CIVIL RIGHTS ACTION. DO NOT USE THIS FORM IF YOU ARE BRINGING A PETITION FOR WRIT OF HABEAS CORPUS.**

INSTRUCTIONS FOR PRISONERS SEEKING TO FILE A CIVIL RIGHTS COMPLAINT

You must comply with the following instructions before the
Clerk will file your Complaint

The Eastern District of Washington encourages you to submit your Complaint on the form furnished by the Court (a form is attached). To start an action you should file an original Complaint. You should also keep a copy for your own records.

You must submit either \$402.00 (\$350.00 filing fee + \$52 administrative fee) or a completed *in forma pauperis* application, including a certified copy of your inmate trust fund account (or institutional equivalent). Carefully read the information sheet for prisoners seeking leave to proceed *in forma pauperis* (without prepayment of the entire filing fee).

You may bring your Complaint in the United States District Court for the Eastern District of Washington only if one or more of the named defendants is located within this district, or if your claim arose in this district. If you have more than one claim, you must file a separate Complaint for each claim unless they are related to the same incident or issue.

Your Complaint must be legibly handwritten or typed. NOTE: DO NOT WRITE ON THE BACK OF ANY OF THE PAGES OF THE COMPLAINT; any writing on the back of any page might not be considered by the Court. If you need additional space to answer a question, you should attach additional sheets of paper of the same (8½ x11) size.

You are required to give dates and state facts in support of each claim. Describe how each defendant, by name, violated your civil rights. You must sign the Complaint.

You must keep the Clerk of Court informed of any change of address. If you fail to do so, the Clerk cannot be responsible for your failure to receive Court Orders. This also could result in the dismissal of your suit.

Mail your completed forms to:

Clerk, U.S. District Court
Eastern District of Washington
P.O. Box 1493
Spokane, WA 99210